

MV-104A (7/96)  
DMV COPY

Page of Pages

Local Codes

New York State Department of Motor Vehicles

# POLICE ACCIDENT REPORT

MV-104A (7/96)

**DMV COPY**

**DMV USE**

1 Accident Date  
Month / Day / Year

2 Driver Name—exactly as printed on license

3 Date of Birth / / Sex Unlicensed ☐ No. of Occup. Public Property Damaged ☐ State of Lic. / /

4 City or Town State Zip Code

Vehicle 1

DMV USE

Vehicle 2

DMV USE

Left Scene ☐ Police Photos ☐ Yes ☐ No ☐

Accident Reconstructed ☐

Not Investigated ☐

Non-Highway ☐

No. Killed

No. Injured

No. of Vehicles

Time ☐ AM ☐ PM

5 Check if involved vehicle is:  
☐ more than 95 inches wide;  
☐ more than 34 feet long;  
☐ operated with an overweight permit;  
☐ operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES

Box 1 - Point of Impact

Box 2 - Most Damage

Enter up to three more Damage Codes

Vehicle By Towed To

6 Check if involved vehicle is:  
☐ more than 95 inches wide;  
☐ more than 34 feet long;  
☐ operated with an overweight permit;  
☐ operated with an overdimension permit.

VEHICLE 2 DAMAGE CODES

Box 1 - Point of Impact

Box 2 - Most Damage

Enter up to three more Damage Codes

Vehicle By Towed To

7 Check the diagram below that describes the accident or draw your own diagram in the space provided (9). Number the vehicles.

**ACCIDENT DIAGRAM**

Rear End Left Turn Right Angle Right Turn Head On

Overtaking Left Turn Right Turn Sideswipe

9. Estimated cost of repairs to any one vehicle meets criteria for "reportable" threshold. ☐ Yes ☐ No

VEHICLE DAMAGE CODING:

1-13. See diagram on right.

14. UNDERCARRIAGE

15. TRAILER

16. OVERTURNED

17. DEMOLISHED

18. NO DAMAGE

19. OTHER

Reference Marker

Ticket/Arrest Number(s)

Violation Section(s)

Accident Descriptive Officer's Notes

DMV USE ONLY

County

Route No. or Street Name

on

Nearest Intersecting Route/Street

City ☐ Village ☐

Town ☐

Miles ☐ N ☐ E

Feet ☐ S ☐ W of

At Intersection With

TICKET/ARREST ☐ OPR 1 ☐ OPR 2

☐ PEDESTRIAN ☐ BICYCLIST ☐ OTHER

Names - If Deceased, Give Date of Death

8

9

10

11

12

13

14

15

16

17

18

BY TO

SIGN HERE

Officer's Rank and Name

Badge/ID No.

Department

Station/Beat

Reviewing Officer

Date/Time Reviewed

Incident Number

Page      of      Pages		New York State Department of Motor Vehicles		DMV USE ONLY	
Local Codes		<b>TRUCK and BUS SUPPLEMENTAL POLICE ACCIDENT REPORT</b>		Amended Report	
MV-104S (7/96)					

<b>INSTRUCTIONS:</b> You must complete this form ONLY ♦ if at least one of the vehicles involved is EITHER - a truck with 6 or more tires; - a vehicle with a Haz Mat placard; or - a bus designed to carry 16 or more persons ♦ AND at least one of the following conditions is met - a vehicle was towed from the scene due to damage (including providing intervening assistance) - at least one person sustained fatal injuries - at least one person was transported for IMMEDIATE medical treatment				<b>Number of Qualifying Vehicles Involved:</b>  _____ Truck with 6 or more tires  _____ A vehicle with a Haz Mat placard  _____ Bus designed to carry 16 or more persons		<b>Number of Vehicles/Persons:</b>  _____ Towed from scene due to damage  _____ Sustaining fatal injuries  _____ Transported for IMMEDIATE medical treatment		DMV USE ONLY	
---	--	--	--	--	--	--	--	--------------	--

DATE OF ACCIDENT		TIME OF ACCIDENT		COUNTY		CITY/TOWN/VILLAGE			
MO.	DAY	YEAR	(Military)						

DRIVER									
License Number									
Name:									
Date of Birth:									
MO.	DAY	YR.	SEX:	MV-104A/AN VEH NUMBER					

CARRIER'S NAME:				SOURCE			
				1 Vehicle side 2 Shipping papers 3 Driver 4 Other 5 Unknown 6 Log Book			

STREET OR P.O. BOX				CITY		STATE		ZIP CODE		TOTAL AXLES (Includes trailers)	

CARRIER'S IDENTIFICATION NUMBERS				PLATE NUMBER:				STATE OF REG.			
US DOT				ICC MC							

GROSS VEHICLE WEIGHT RATING				VEHICLE IDENTIFICATION NUMBER							
Truck/				Total All							
Tractor				Trailer(s)							

VEHICLE CONFIGURATION										TRAFFIC WAY									
0 4 tires With Haz Mat Placard 1 Bus 2 Single-unit truck: 2 axles, 6 tires 3 Single-unit truck: 3 or more axles 4 Truck/trailer										5 Tractor (no trailer) 6 Tractor/semi-trailer 7 Tractor/doubles 8 Tractor/triples 9 Unknown heavy truck									
										1 Not physically divided (2-way trafficway) 2 Divided highway, median strip, <b>without</b> traffic barrier 3 Divided highway, median strip <b>with</b> traffic barrier 4 One-way trafficway									

CARGO BODY TYPE										ACCESS CONTROL									
1 Bus 2 Van/enclosed box 3 Cargo tank										4 Flatbed 5 Dump 6 Concrete mixer									
7 Auto Transporter 8 Garbage/Refuse 9 Other										1 No control (unlimited access) 2 Full control (only ramp entry and exit) 3 Other									

HAZARDOUS MATERIALS INVOLVEMENT										SEQUENCE OF EVENTS (FOR THIS VEHICLE)									
Does vehicle have Haz Mat placard?    1 Yes    2 No										NON-COLLISION:                      COLLISION WITH:									
COPY FROM PLACARD: 4-digit identification number from diamond/orange panel  1 or 2-digit number from bottom of diamond:  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> NAME OF HAZ MAT CLASS: _____ -OR- WAS HAZARDOUS CARGO RELEASED FROM VEHICLE? (Do not count fuel from fuel tank)  1 Yes    2 No										01 Ran off road 02 Jackknife 03 Overturn/Rollover 04 Downhill runaway 05 Cargo loss or shift 06 Explosion or fire 07 Separation of units 08 Pedestrian 09 Motor vehicle in transport 10 Parked motor vehicle 11 Train 12 Pedalcycle 13 Animal 14 Fixed object 15 Other object* 16 Other* (non-collision)									

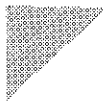
APPARENT DRIVER CONDITION									
1 Appeared Normal                      5 Fatigue 2 Had been drinking                    6 Asleep 3 Illegal drug use                        7 Medication 4 Sick                                        8 Unknown									

EXPLANATION:									

OFFICER'S RANK AND NAME				BADGE NUMBER				DEPARTMENT				DATE OF REPORT			



New York State Department of Motor Vehicles

**POLICE REPORT FOR  
FATAL MOTOR VEHICLE ACCIDENTS**

MV-104D (2/97)

**DMV  
USE**

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

Local Code	Accident Date Month Day Yr.	Time of Accident	County	City/Town/Village	No. Killed	No. Vehicles	Work Related <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Deceased							
-----							
-----							

**ACCIDENT DATA**

Posted Speed Limit (MPH)	Location (Route or Street Name)						
Estimated Speed:							
Vehicle 1 _____ MPH <input type="checkbox"/> Unknown	Vehicle 2 _____ MPH <input type="checkbox"/> Unknown		Vehicle 3 _____ MPH <input type="checkbox"/> Unknown				
Vehicle Model (for example, Mustang or Corvette):							
Vehicle 1 _____		Vehicle 2 _____		Vehicle 3 _____			
Roadway Surface:							
<input type="checkbox"/> Concrete <input type="checkbox"/> Blacktop <input type="checkbox"/> Brick or Block <input type="checkbox"/> Dirt <input type="checkbox"/> Slag <input type="checkbox"/> Gravel <input type="checkbox"/> Stone <input type="checkbox"/> Other							
No. of Lanes	Roadway Flow: <input type="checkbox"/> One Way Traffic <input type="checkbox"/> Divided highway, median strip <input type="checkbox"/> Divided highway, guard rail						
	<input type="checkbox"/> Divided highway, other barrier or barrier type unknown <input type="checkbox"/> Not physically divided						
<b>EMERGENCY MEDICAL SERVICES*</b>				<b>HOSPITAL INFORMATION</b>			
Time (Military):				If the victim was taken to a hospital outside of NYS, give the name, county and state of that hospital:			
Notified .....							
Arrived at Scene .....				If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital:			
Arrived at Hospital .....							

**OCCUPANT DATA**

Name	Deceased Yes/No	Time of Death	Extricated Yes/No**	Type of Extrication Equip. Used	Air Bags Deployed Yes/No	Not in Vehicle	Initial Point of Impact to Vehicle***
V Driver							
E							
H							
I Passenger							
C							
L							
E Passenger							
1							
V Driver							
E							
H							
I Passenger							
C							
L							
E Passenger							
2							
V Driver							
E							
H							
I Passenger							
C							
L							
E Passenger							
3							

\* This includes any type of EMS service (for example, fire, police, private). If you are unable to furnish the EMS data, please give the name, address and plate number of the ambulances so we can contact them:

\*\* To be "extricated," the victim must be pried from the wreckage. Unfastening the seat belt is not considered "extricated".

\*\*\* Indicate the first area of the vehicle that was impacted, for example, right front, undercarriage.

Additional Information

SIGN HERE	Officer's Rank and Name	Badge/ID No.	Department	Precinct/Post Troop/Zone	Station/Beat/ Sector	Reviewing Officer	Date/Time Reviewed
--------------	-------------------------	--------------	------------	-----------------------------	-------------------------	----------------------	--------------------